

CITY OF EL PASO, TEXAS
DEPARTMENT HEAD'S SUMMARY REQUEST FOR COUNCIL ACTION (RCA)

DEPARTMENT: Building Permits & Inspections

AGENDA DATE: March 1, 2005

CONTACT PERSON/PHONE: R. Alan Shubert, P.E.

DISTRICT(S) AFFECTED: 3

SUBJECT:

APPROVE a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

A refund for Albert Pallarez in the amount of \$213.74 (Two Hundred Thirteen Dollars and 74/100) for a business license and plumbing permit

BACKGROUND / DISCUSSION:

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action?

PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one? If so, when?

N/A

AMOUNT AND SOURCE OF FUNDING:

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

Business License - Account 404138

Plumbing Permit - Account 404111

BOARD / COMMISSION ACTION:

Enter appropriate comments or N/A

N/A

*****REQUIRED AUTHORIZATION*****

LEGAL: (if required) _____ **FINANCE:** (if required) _____

OTHER:

(Example: if RCA is initiated by Purchasing, client department should sign also)
Information copy to appropriate Deputy City Manager

APPROVED FOR AGENDA:

CITY MANAGER: _____

DATE: _____

CITY OF EL PASO

BUILDING PERMITS AND INSPECTIONS DEPARTMENT

REFUND REQUEST FORM

☐ Individual

☐ Company

☐ Other

NAME: ALBERT PALLAREZ

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # (_____) _____

Please complete the following if a company, corporation, etc. is requesting the refund:

CONTACT NAME: _____

TITLE: _____

TELEPHONE # (_____) _____ FAX # (_____) _____

FIN (FEDERAL ID #) _____

REASON FOR REQUEST: CIELO VISTA MALL + CHERRY ON
TOP NEVER REACHED AN AGREEMENT ON
PROPERTY RENT.

SIGNATURE OF RECIPIENT: Albert Pallarez DATE: 2-15-05

DO NOT WRITE BELOW THIS LINE, TO BE COMPLETED BY BUILDING PERMITS AND INSPECTIONS DEPARTMENT

VENDOR # _____

DEPARTMENT ID # _____ ACCOUNT # _____

FUND # _____ CLASS # _____

VOUCHER # _____

REQUESTED BY _____ PHONE #: _____ DATE: _____

APPROVED BY: _____ DATE: _____

Building Permits and Inspections Director



PLUMBING PERMIT

PERMIT NO.: **PLM05-00056**

APPLIED: **1/4/2005**

ISSUED: **1/4/2005**

EXPIRES: **7/4/2005**

SITE ADDRESS: **8401 GATEWAY WEST BLVD STE 003A**

ASSESSOR'S PARCEL NO.: **C32899900300100**

TYPE OF WORK: **Plbg CHP (Health) Permit**

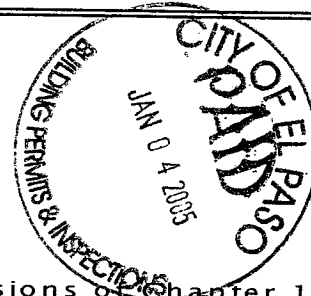
TYPE OF USE: **Commercial**

PROJECT DESCRIPTION: **CHP PERMIT**

<u>OWNER/APPLICANT</u> ALBERT PALLAREZ	<u>CONTRACTOR</u> OWNER
---	--------------------------------

Plumbing Fixtures	
Fixture Type	Quantity

Fees			
Type	By	Date	Amount
CHP	ROD	1/4/2005	\$60.00
Total			\$60.00



1. This permit is issued in accordance with the provisions of Chapter 18.02 of the Municipal Code and the applicant, in accepting it, obligates himself to comply fully with all the provisions of the Municipal Code and other applicable codes and ordinances insofar as they affect this permit, including but not limited to, calling for all required inspections.

2. I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.


Issued by for the Building Permits & Inspections Director

Contractor's or Homeowner's Signature

1. Original 2. Customer 3. Cashier 4. Office

24 Hour Notice Required For All Inspections
541-4600 or 541-4700

BUILDING SERVICES
2 CIVIC CENTER PLAZA 7F
EL PASO, TX 79901
TID: 004531265

01/04/05

12:09:41

SALE

451181852992

CLERK #: 32

BATCH: 000638

MC xxxxxxxxxxxx8525

APPR CODE: 004345

INV#: 000003

AMOUNT: \$ 213.74

TOTAL: \$ 213.74

CUSTOMER COPY



1/4/2005
11:10:02AM

Receipt #: 3200500000000000044

Date: 01/04/2005

Station ID: 3

Line Items:

Case No	Address	Tran Code	Description	Revenue Account No	Amount Paid
BUS05-00098	8401 GATEWAY WEST BLVD	0010	Health/Food License	41010127-404138	150.00
PLM05-00056	8401 GATEWAY WEST BLVD	0040	CHP Permit	36010119-404111	60.00
		CC_MC/VISA	Master Card/Visa user fee - 210.0000 @ \$0.0178	505420	3.74

Line Item Total: \$213.74

Payments:

Method	Payer	Bank No	Account No	Confirm No	How Received	Amount Paid
CreditCard	CHERRY ON TOP			000003	In Person	213.74
Payment Total:						\$213.74